U S Department of Labor Office of Labor-Management Standards Washington DC 20210

## FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No 1215-0188
Expires 11 30-2006

This report is mandatory under P L 86-257 as amended Failure to comply may result in sriminal prosecution fines or civil penalties as provided by 29 U S C 439 or 440



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

1 File Number U 2//()	2 Fiscal Year Covered From			
7.70	01/01/05 Through 12/31/05			
3 Name and address of person filing	4 Name file number and address of labor organization			
Name-Robert Seath	Name Shepawaghto Union Josa 14/184			
	Labor Organization File Number 047797			
PO Box Bldg Room No If any	P O Box Building and Room Number if any			
Street 10449 34 <sup>TH</sup> SW	Street 2415 Western avenue			
City Seattle	State Was hunglon ZIP Code + 4 98/2/			
State Washington ZIP Code + 4 9 8 146	State Was hunglon ZIP Code + 4 98/2/			
5 Position in labor organization				
Enter appropriate data below if during the past fiscal year you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions)  A Held an interest in engaged in transactions (including loans) with or derived income or other economic benefit of				
monetary value from an employer whose employees your organizat				
6 Name and address of Employer (including trade name if any)	7 a Nature of Interest Transaction or Income			
Name				
Trade Name if any				
PO Box Bldg Room No if any	71. 4			
Street	7 b Amount.			
City				
State ZIP Code + 4				
Signature Robert NI South				
undersigned's knowledge and belief true correct and complete (See the si	lying documents) has been examined by the signatory and is to the best of the ection on penalties in the instructions)			
Signed Robert IVI Shorth	on 3/30/06 206-441-8266			

Date

Telephone Number

or from any labor relations consultant to an employer any payment of money	or other thing of value
13 a Name and address of Employer or Labor Relations Consultant (including trade name if any)  Name Manue Consultant Purson Fand  Trade Name if any  PO Box Bldg Room No If any	autuly 7 mest Meetings an face, Meats and Hatel Stay's
Street 5 7 hurd Stiert Sunt # 525  City Son Frances co  State Colefornia ZIP Code + 4 94/03-3202	
13 b Is the Business an Employer or Consultant ?	14 b Amount of payment  7 tel 3,706 68

C-Received from any employer (other than an employer covered under parts A and B above)

IBEW

## Bob Scott Expenses Paid by Marine Carpenters Pension Fund in 2005

Expenses Reimbursed	Payment Date	<u>Amount</u>		Total
Las Vegas	2/23/2005	\$	388 40	
IFEBP Conf	3/2/2005	\$	754 <b>7</b> 5	
Reno	5/25/2005	\$	312 64	
Oakland	6/8/2005	\$	324 60	
Seattle	8/18/2005	\$	66 50	
Honolulu	12/7/2005	\$	656 55	
Subtotal		\$	2,503 44	
Hotel Expenses Paid by Tru	<u>st</u>			
Las Vegas 2/05		\$	200 56	
Reno 5/05		\$	295 68	
Seattle 8/05		\$	206 92	
Subtotal		\$	703 16	

Total \$ 3,206 60